2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2009
Secretary of State

DOCUMENT# N41063

Entity Name: FLAGLER COUNTY ORCHID SOCIETY, INC.

Current Principal Place of Business:

5 BLEAU CT
PALM COAST, FL 32137

New Principal Place of Business:

Current Mailing Address:

5 BLEAU CT
PALM COAST, FL 32137

New Mailing Address:

FEI Number: 59-3034946 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CHURCH, JOSEPH R.
5 BLEAU CT
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: LONG, JEANNE
Address: PO BOX 1445
City-St-Zip: FLAGLER BEACH, FL 32136

Title: TR ( ) Delete
Name: DAVIS, BARBARA
Address: 20 COTTONTON CT
City-St-Zip: PALM COAST, FL 32137

Title: P ( ) Delete
Name: CHURCH, JOSEPH R.
Address: 5 BLEAU CT
City-St-Zip: PALM COAST, FL

Title: TR ( ) Delete
Name: DEVANE, MARYLOU
Address: 39 BUD FIELD DR
City-St-Zip: PALM COAST, FL 32137

Title: V ( ) Delete
Name: STROIKE, HOMER
Address: 18 PANORAMA DR
City-St-Zip: PALM COAST, FL 32164

Title: T ( ) Delete
Name: SCHEFFLER, PHYLLIS
Address: POB 350638
City-St-Zip: PALM COAST, FL 321350638

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEANNE LONG T 06/30/2009
Electronic Signature of Signing Officer or Director — Date